

FORM
5
Rev
10/14

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
402195832

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10433 Contact Name: Joan Proulx
Name of Operator: LARAMIE ENERGY LLC Phone: (970) 263-3641
Address: 1401 SEVENTEENTH STREET #1401 Fax: _____
City: DENVER State: CO Zip: 80202 Email: jproulx@laramie-energy.com

API Number 05-045-23985-00 County: GARFIELD
Well Name: CC Federal Well Number: 0697-04-05E
Location: QtrQtr: Lot 12 Section: 4 Township: 6S Range: 97W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1923 feet Direction: FNL Distance: 937 feet Direction: FEL
As Drilled Latitude: 39.557544 As Drilled Longitude: -108.218806

GPS Data:
Date of Measurement: 08/30/2019 PDOP Reading: 2.1 GPS Instrument Operator's Name: T Sherrill
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 1140 feet Direction: FNL Dist: 1245 feet Direction: FEL
Sec: 4 Twp: 6S Rng: 97W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 1197 feet Direction: FNL Dist: 1322 feet Direction: FEL
Sec: 4 Twp: 6S Rng: 97W

Field Name: GRAND VALLEY Field Number: 31290
Federal, Indian or State Lease Number: COC 056830

Spud Date: (when the 1st bit hit the dirt) 06/03/2019 Date TD: 06/07/2019 Date Casing Set or D&A: 06/08/2019
Rig Release Date: 08/29/2019 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 9567 TVD** 9511 Plug Back Total Depth MD 9461 TVD** 9400
Elevations GR 8609 KB 8639 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Emulation (Pulsed Neutron, Emulated OH Log), PN (Pulsed Neutron, Gamma Ray, Casing Collar), RBL (Radial Cement Bond, Gamma Ray, Casing Collar), Mud

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	36.9	0	80	100	0	80	CALC
SURF	14+3/4	9+5/8	36	0	2,660	1,173	0	2,660	CALC
1ST	8+3/4	4+1/2	11.6	0	9,557	1,505	2,316	9,557	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		296	0	2,660

Details of work:

6/8/19 Pumped 6.3 bbls, 30 sxs, 15.6 ppg on parasite line.

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH	2,957	4,744	NO	NO	
WASATCH G	4,744	5,269	NO	NO	
FORT UNION	5,269	6,491	NO	NO	
OHIO CREEK	6,491	6,911	NO	NO	
WILLIAMS FORK	6,911	8,958	NO	NO	
CAMEO	8,958	9,397	NO	NO	
ROLLINS	9,397	9,891	NO	NO	
CORCORAN	9,891		NO	NO	

Operator Comments:

No open-hole logs were run in this well. Open-hole logs were run in the CC 0697-04-08E, 045-23987: Sandstone_Caliper (Resistivity, GR, Caliper), Sandstone Induction (Induction, GR), Sandstone_Nuclear (Thermal Neutron Porosity, GR, Caliper), Sandstone TCOM (Triple Combo)

A 1.90" 2.75# J-55 parasite string was set with the mandrel at 2,525'.

TPZ is estimated at the TOG estimate of 7478' as the well has not yet been completed. The estimated completion date for the well is prior to 12/15/2019. The actual TPZ footages will be provided on the Form 5A comments after the well is completed.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Joan Proulx

Title: Regulatory Analyst Date: _____ Email: jproulx@laramie-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402195862	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402195863	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
402195866	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402195867	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402195868	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402195873	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402195874	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402195880	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402195883	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402215866	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

